

**Annual Report  
2003**

**Health Alliance International**

**Central Mozambique  
Child Survival and Maternal Care Program**

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**by**

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## **Glossary of Terms and Abbreviations**

|        |   |
|--------|---|
| AIC    | African Independent Churches                        |
| ANC    | Antenatal care                                      |
| ARV    | Anti-retroviral (drugs)                             |
| ASPH   | Association of Schools of Public Health             |
| CDC    | Centers for Disease Control and Prevention          |
| CDD    | Control of Diarrheal Disease                        |
| CHW    | Community Health Worker                             |
| CLC    | Community Leaders Council                           |
| CSH    | Child Survival and Health                           |
| DIP    | Detailed Implementation Plan                        |
| DDS    | District Health Directorate (Portuguese)            |
| DPS    | Provincial Health Directorate (Portuguese)          |
| EPI    | Expanded Program on Immunization                    |
| FP     | Family Planning                                     |
| HAI    | Health Alliance International                       |
| HAART  | Highly Active Anti-retroviral Therapy               |
| HF     | Health Facility                                     |
| HIS    | Health Information System                           |
| HP     | Health Post   |
| HSDS   | Health Services Delivery Support                    |
| HQ     | Headquarters  |
| IEC    | Information, Education, Communication               |
| IMAP   | Integrated Management Assessment Process            |
| IMCI   | Integrated Management of Childhood Illness          |
| IPT    | Intermittent Presumptive Treatment (of malarial)    |
| KPC    | Knowledge, Practices and Coverage                   |
| LOP    | Life of Project                                     |
| MCH    | Maternal and Child Health                           |
| MNC    | Maternal and Newborn Care                           |
| MOH    | Ministry of Health                                  |
| MSF    | Medecins Sans Frontieres                            |
| NGO    | Non-governmental Organization                       |
| OI     | Opportunistic Infections (of AIDS)                  |
| PAC    | Programme for Cultural Activists (Portuguese)       |
| PATH   | Program for Appropriate Technology in Health        |
| PLWHA  | People Living with HIV/AIDS                         |
| pMTCT  | Prevention of Mother to Child Transmission          |
| PSI    | Population Services International                   |
| PVO    | Private Voluntary Organisation                      |
| SP     | Sulfadoxine/pyrimethamine or Fansidar <sup>TM</sup> |
| STI    | Sexually Transmitted Infection                      |
| UNICEF | United Nations Infant and Children Fund             |
| VCT    | Voluntary Counselling and Testing                   |
| YHFC   | Youth-friendly Health Center                        |

## A. Main accomplishments

### Program interventions

The activities for the first year were conducted as planned for each intervention, with the collaboration of the Provincial and District Health Directorates and community members.

#### ❖ STI/HIV/AIDS:

##### Activities:

##### VCT (Voluntary counseling and testing) for HIV:

Building up a network of services to support those with HIV/AIDS is an important component of our integrated prevention and care approach. Targeting the most vulnerable populations for VCT services has been an especially effective intervention. HAI, in cooperation with the DPS/Sofala and DPS/Manica, has established six VCT sites in the central region and secured funding for an additional four youth targeted sites which are scheduled to open in late 2003 with support from REACH. All preparatory activities have been completed and activities will begin as soon as government approval is given. Each of the existing sites, with the exception of the most rural site, have consistently counseled and tested between 200 and 300 people per month. These utilization rates are among the highest in the country, which is attributed in part to the higher sero-prevalence in the central region, as well as the massive concurrent radio campaign and the high quality of VCT services offered.

|                | Up to Sept 2003 |             |           |
|----------------|-----------------|-------------|-----------|
| VCT site       | # Tested        | # HIV+      | % HIV+    |
| Dondo          | 1406            | 436         | 31        |
| Nhamatanda     | 1191            | 176         | 14        |
| Buzi           | 603             | 118         | 20        |
| Ponte Gea      | 2451            | 1020        | 42        |
| Chimoio        | 2638            | 716         | 27        |
| Chimoio-Jovial | 314             | 16          | 5         |
| <b>TOTAL</b>   | <b>8603</b>     | <b>2482</b> | <b>29</b> |

#### VCT results from six program sites, January-September 2003

##### Youth friendly VCT:

The first youth VCT was initiated in May on a 3 days a week schedule, which has now been extended to 5 days a week because of high demand. This program was started because youth have been identified by the MOH as one of the most vulnerable groups. At existing VCT and pMTCT sites youth (< age 24) represent 60-65% of those tested. In addition this group has a generally higher sero-prevalence than the norm (26% vs. 18% sero-positive). In the first two months of testing at the youth targeted VCT site we saw an interesting phenomenon, whereby 95% of youth who elect to be tested at this “youth friendly” environment are sero-negative. This represents a fantastic entry point for prevention activities, as these sero-negative youth can be encouraged to participate in existing activities at the youth friendly health center, such as peer education, street theater mobilization and post-test clubs.

### Mass Communication:

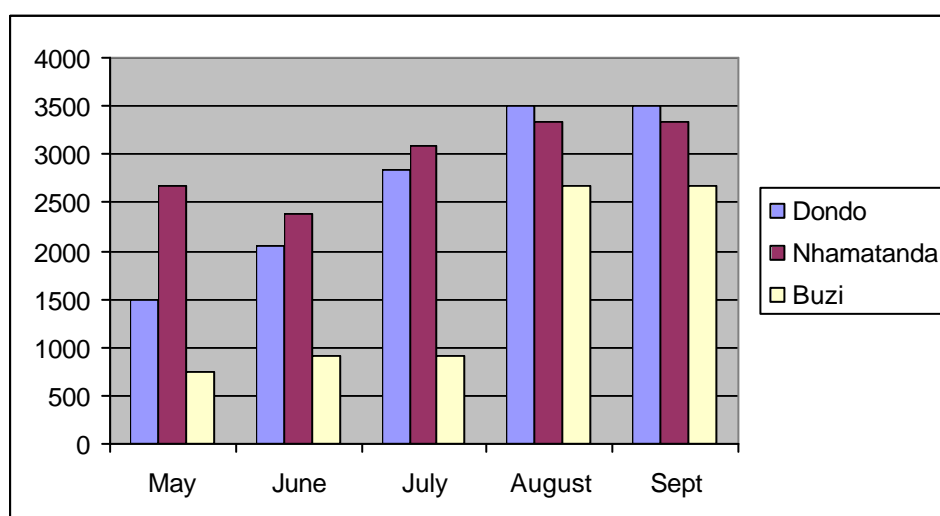
A massive concurrent radio campaign using radio soap opera for VCT, youth friendly VCT centers and pMTCT is undergoing. The radio campaign educates about the risks of HIV/AIDS in this population, and motivates the adoption of preventive behaviors. It also publicizes the locations of and benefits of accessing prevention of mother-to-child transmission (pMTCT) and voluntary counseling and testing (VCT) services.

### Transition of Youth Friendly Health Center Program to DPS Management:

This Unicef-sponsored program, in cooperation with the DPS's of Sofala and Manica, has supported the development of 10 Youth Friendly Health Centers (YFHC), all based along the highly traveled Beira and Tete corridors. This program, established in 1998, was officially passed over to management by the Provincial Health Directorate (DPS) in September 2003.

### Home Based Care Groups:

Three religiously-affiliated community groups are supported by the program to provide home-based care (HBC) services through an existing church group, Kubatsirana. Each group has approximately 40 HBC volunteers. Each volunteer is responsible for 3-4 patients who they visit an average of 10-12 times per month. They assist in household cleanliness, bathing of patients, and basic needs of the family (linking to referral sites for clinical or material assistance). The program includes spiritual support, basic first aid, bathing and hygiene, material assistance, and other supportive care for individuals and families affected by HIV/AIDS. As HAI has a long standing and successful connection with the health system, a particular focus of the support is improvement of the quality of basic clinical care provided by the HBC volunteers. Strengthening the coordination between these community-based groups and health workers via regular meetings and supervision helps to manage this well. In August 2003, an eight-day volunteer training in HBC basics for 30 volunteers was carried out in Dondo with training support from MOH/HBC section and WHO. The training also allowed the MOH to formally assess and confirm the skills of 3 provincial based trainers (2 in Sofala, 1 in Manica). After training, two HAI-sponsored trainers were officially accepted as HBC regional trainers, thereby facilitating on-going training. Another four-day health worker training in HBC was carried out in Beira with training support from MOH/HBC section and WHO.



Numbers of home-based care visits in three program sites

### Comprehensive Care:

Improved comprehensive HIV/AIDS care is being introduced in the project area, including improved treatment of opportunistic infections (OIs) and antiretroviral (ARV) therapy, via support from various grants including Global Fund, the World Bank's Multicountry AIDS Project, and the Bill Clinton HIV/AIDS Initiative. Opportunistic Infection drug kits, via the Belgian Government to support both clinicians and home-based care volunteers arrived in the second quarter of 2003. We believe that these advances will also contribute to a reduction in the associated stigma of HIV and AIDS.

| <i>No</i> | <i>Objective</i>  | <i>On Target</i> | <i>Comments</i>   |
|-----------|---|------------------|---|
| 1         | Increase motivation and skills for women and adolescent girls to protect themselves and their infants from HIV infection    | Yes              | Social mobilization underway, training of health staff done. VCT sites established. |
| 2         | Decrease stigma associated with HIV/AIDS in the program area  | Yes              | Radio campaigns in full swing and health staff training is an ongoing activity.     |
| 3         | Improve capacity of health systems and communities to prevent further HIV/STI infection and care for those already infected | Yes              | Training of health staff and HBC volunteers is an ongoing activity.                 |
| 4         | Establish VCT facilities and community support groups for youth with HIV/AIDS in 5 districts of the Beira Corridor          | Yes              | Ongoing activity  |
| 5         | Train and support 5 "Mini-PAC" youth theater groups in sites with youth VCT facilities                                      | Yes              | 5 YFHCs in Sofala trained in street theater via technical support from PAC          |

### **❖ Malaria Control:**

#### **Activities:**

#### IMCI:

The introduction of the IMCI strategy began in June 2001 as part of a national pilot experience in 4 districts in Manica province, and in mid-2002 in 5 districts in Sofala province. Health workers from facilities not covered in the IMCI training are being trained in basic protocols for CDD/ARI/malaria management (termed simplified IMCI). HAI is providing technical assistance for the supervision and training of clinical IMCI and CDD/ARI/malaria management in the four IMCI focus districts in Manica province as part of the Health Service Delivery and Support (HSDS) project funded by the USAID Mission in Maputo and managed until recently by John Snow, Inc. HAI is also supporting community-based IMCI (CB-IMCI) through the same project, and will continue to do so through August, 2004.

Through the Child Survival project, HAI is supporting both clinical and CB-IMCI in Manica Province via health worker supervision, promotion of bednets, and training of community leaders councils (CLCs) in community-based IMCI messages. In addition, the program

complements CB-IMCI activities in Sofala as needed (such as through the promotion and sales of bednets). HAI will support future MOH efforts to scale-up both clinical and CB-IMCI in additional districts through technical assistance; monitoring and supervision of health workers; and training CLCs and religious leaders.

#### Bednets:

As bednets availability is limited in the program area we originally planned to build on the existing bednets sales experience by expanding to an additional 18 sites, bringing the total number of sites to 20 in 8 districts. Instead we have expanded this to 27 sites (2 new sites in Nhamtanda and 5 in Gondola). Bednets vendors and health workers have received training on the bednets program, which includes proper bednets usage, re-treatment, and use by priority groups such as pregnant women and children under five. A fundamental aspect of increasing bednets sales is to improve the supply of bednets to the local vendors. We are working with other agencies involved in bednets distribution, including the MOH, PSI and UNICEF, to have a joint effort in solving bednets availability problems.

#### IPT:

The MOH has made a commitment to initiate intermittent presumptive treatment (IPT) for malaria in antenatal care using sulfadoxine pyrimethamine (SP/Fansidar) as the presumptive treatment, but that policy has yet to be implemented. HAI will play a major role in rolling out IPT in selected antenatal clinics in the program area, monitoring carefully the implementation of the intervention, and assisting the MOH to then implement the policy more widely throughout the country. Protocols have been developed to provide treatment doses of SP up to three times during pregnancy. This project will work with the provincial MOH to initiate IPT for 10,000 women in 10 health facilities in 2 districts in Manica and Sofala provinces the first year. The project has worked in close cooperation with policy makers at central levels, and has provided intensive health worker training (35 Health workers and 73 CLC/vendors) and supervision at provincial and district levels. Training included basic principles of IPT and anemia management, other norms of malaria care including use of bednets, logistics management, community IEC, development of monitoring systems, and simple operations research to assess the health system factors that are necessary for successful implementation of this approach. Frequent supervision of trainees will be carried out to insure adequate understanding and implementation of norms, and adequate drugs and necessary materials. An assessment will be carried out after 1 year of implementation to assist policy makers in defining needs for broader roll-out of IPT nationwide. We have just received (Sept 2003) approval from MOH to go ahead with the project, and activities have begun in Manica Province.

#### Mass Communication:

There were numerous presentations of PAC (the street theatre group) in both provinces. PAC has proven to be an effective community mobilizing force. Social mobilization messages included the basics on malaria, reinforcing the link between malaria and mosquitoes, symptoms of malaria, and appropriate prevention and care-seeking behavior including insecticide treated nets (ITNs). Before dissemination, IEC messages are field tested and adapted as needed, and those relaying the messages are trained to assure that key messages are accurately and consistently disseminated.

| <i>No</i> | <i>Objective</i>  | <i>On Target</i> | <i>Comments</i>  |
|-----------|---|------------------|--|
| 1         | Increase malaria understanding among program women  | Yes              | On going activity. Trainings of CLC, religious leaders, health workers & media campaign including street theatre. Health workers are using antenatal facilities to reach public and disseminate information. |
| 2         | Increase use of insecticide-treated bednets in 8 target areas   | Partly           | Social mobilization for increased use and retreatment of bednets is an ongoing activity; initiation of a voucher scheme for subsidized bednets for pregnant mothers was postponed.                           |
| 3         | Increase appropriate treatment of malaria symptoms in children  | Yes              | Ongoing activity   |
| 4         | Insecticide-treated bednets will be more widely available in both provinces   | Yes              | Instead of 20 bednets sales sites as planned, we have expanded to 27 sites. Training of health staff and vendors is an ongoing activity.   |
| 5         | The provincial health departments of Manica and Sofala provinces will have upgraded malaria control policies and procedures | Yes              | A provisional report has been presented on resistance study in provincial meeting in Manica .  |

## ❖ Maternal and newborn care

### Activities

#### Birth practices:

One of our main objectives is to improve specific appropriate birth practices among pregnant women: the need for early prenatal care, a birth plan, and postpartum care including an early postpartum visit following home births. Training CLCs and religious leaders are especially important activities to achieve these objectives. In the last quarter of this year work has been initiated to locate or produce educational materials that will help mothers to recognize the need for an immediate check after delivery and to recognize potential problems that are in need of immediate care. Contacts are underway with different sources to produce/acquire educational materials. Strategies and mechanisms are also being developed for working with African Independent Church leaders to incorporate key MNC messages. In addition, a consultant from PATH visited the project during the third quarter to assist HAI in developing a plan to increase early utilization of antenatal care services (see "technical assistance," below). That plan will be used during the second project year to further develop community approaches to increasing early antenatal care utilization.

#### Syphilis Screening:

HAI has tremendous success to date in implementing syphilis screening and treatment in antenatal visits in health units in the two program provinces with access to laboratories. However, many midwives provide antenatal care in remote health posts without access to a laboratory, so pregnant women attending these health units do not receive this screening. A new and relatively inexpensive rapid test for syphilis that is in the early stages of

implementation in health units without laboratories will provide an opportunity to expand syphilis testing to cover all health units that provide prenatal care. MCH nurses in both Manica and Sofala provinces have been trained (total 106; Sofala 57, Manica 49) in using the rapid tests, and gradual implementation of the test is underway.

#### Mass Communication:

In the program area radio has been shown to be a most effective medium for disseminating information. HAI has developed radio campaigns to publicize the locations of and benefits of accessing prevention of mother-to-child transmission (pMTCT) of HIV and voluntary counseling and testing (VCT) services for HIV. The design of these radio campaigns is developed and field tested with the support of the "Positive Mothers" support groups in each province. Radio spots have been developed and are being transmitted in three languages for safer birth practices, decreasing vertical transmission of HIV, and syphilis screening.

#### pMTCT:

The primary source of HIV infection in children is via mother to child transmission. HAI and the provincial health departments, with supplementary funding from UNICEF and WHO, are providing standard pMTCT activities at five antenatal clinics in each province. Services include access to VCT; support groups for mothers who test positive ("Positive Mothers" clubs -- five at this moment); nevirapine therapy during delivery for positive women; access to standard treatment for OIs when they occur; education regarding breastfeeding options and other important approaches to maintaining a healthy lifestyle; and access to home-based care for seriously ill women. Five pMTCT centers in Sofala and Manica provinces have already been established, and five additional centers are planned by December, 2003. A training program is being initiated for district health care staff that will eventually train approximately 75 health care workers in pMTCT. The pMTCT orientation is supported with supplementary funds from WHO-OPEC, and complements the district roll out of pMTCT to 7 additional ANCs. Provision and supply of bednets for HIV+ pregnant women is provided in the Beira sites.

| <i>No</i> | <i>Objective</i>  | <i>On Target</i> | <i>Comments</i>   |
|-----------|---|------------------|---|
| 1         | Improve appropriate birth practices among program women   | Yes              | Work has been initiated in the last quarter.  |
| 2         | Increase health facilities' implementation of syphilis testing and treatment in antenatal care              | Yes              | An ongoing activity.  |
| 3         | Assure the availability of services for prevention of mother-to-child transmission of HIV in antenatal care | Yes              | On track. 6 pMTCT centers have been established, training of health staff is an ongoing activity. |
| 4         | Create, with the national MOH, unified prenatal care norms that include pMTCT, IPT, and syphilis screening  | No               | Head of Maternal and Child Health was away on extended leave.                                     |



## ❖ Institutional/Human Resources Strengthening

### Activities:

#### Improving health system from within:

HAI works within the health system to bring about long-term, effective and appropriate changes that strengthen the MOH capacity. HAI's role within the provincial and district health structures is to improve the capacity of the MOH by improving health services by joint planning, supervision, monitoring, and evaluation using a counterpart system has proven to be the most effective method of improving provincial capacity. District level counterparts also work jointly with field staff to improve services and increase coordination with community leader councils and other community-based groups through district "integrated seminars." Training and follow-up field visits have proven to be particularly effective means of assuring quality in health services. All the above mentioned activities were carried out in this year and helped to strengthen MOH in planning, management, evaluation, and specific technical areas.

#### Operational Research:

HAI provided financial and logistical support for participants from Manica and Sofala to attend and participate in a training course on operational research in Maputo for malaria control. Nineteen participants learned the essentials of data collection, analysis, interpretation and reporting and presentation of study. Those trained are currently in the process of completing their studies. For most participants, the results will be presented at the national health research meeting held in the spring.

| <i>No</i> | <i>Objective</i>  | <i>Progress</i> | <i>Comments</i>  |
|-----------|---|-----------------|--|
| <u>1</u>  | A plan for wide dissemination of HAI's CS lessons learned will be developed and implemented.  | Yes             | HAI HQ just completed an ISA; strategic plan including dissemination is forthcoming                            |
| <u>2</u>  | At least one additional HAI headquarters technical staff member will be competent in managing and evaluating a CS program                                       | Yes             | HAI's malaria program has oversight by new HAI staff member (an MD, MPH)                                       |
| <u>3</u>  | At least 10 Mozambican HAI or counterpart staff will be skilled in participatory training methods   | No              | Training has been postponed to Year Two  |
| <u>4</u>  | At least 5 Mozambican HAI or counterpart staff will be able to design, conduct and report on an operations research project related to their area of expertise. | Yes             | HAI provided financial and logistical support for an OR course, and is providing followup support in the field |

## B. Factors impeding progress and the program response

Several factors have impeded or delayed progress of the activities. They are described below, grouped by intervention.

## ❖ STI/HIV/AIDS

Reducing the burden of sexually transmitted infections (STIs) in the general population also helps to reduce HIV transmission. However, STI diagnosis and treatment is difficult in settings without reliable laboratory access using protocols of uncertain validity. In order to increase health system capacity in this area, all district and provincial health staff will be trained in new national STI protocols that are now being developed by advisors from CDC (expected to be completed in early 2004). This training will also incorporate the basic principles and practical implementation of universal precautions, as well as the diagnosis and management of opportunistic infections (OIs) associated with HIV infection and AIDS. Although this has delayed STI-related activities, it will also improve the quality of STI management dramatically when the new guidelines are available.

In 2002, the MOH decided that the VCT section should create a parallel data entry system to collect information on people who voluntarily use this service. The policy requires that each VCT site should have a computer with Epi-Info 6.04, and that VCT counselors are responsible for entering each individual sheet into the computer. Early experience shows that lack of computer expertise and backup support can lead to many delays and possible inaccuracies using this system. We also believe that it will put undue stress on already limited material and human resources available. With a less complicated and cumbersome system, the NGO support could be used to assist with supervision and quality of counseling and testing provided. Discussions are ongoing regarding the possibilities for modifying the current policy.

## ❖ Malaria control

Efforts to improve bednets sales and retreatment were hindered by episodic difficulties in procuring bednets. HAI is closely monitoring the situation and working with other NGOs as well as the MOH and other groups to come up with a better system.

PAC has proven to be a good community mobilizing force and we will keep using its services in our campaigns. As PAC malaria activities are funded by different sources, however, it is sometimes difficult to maintain these activities on a regular basis, especially when funding from some sources is delayed.

Insecticide treated bednets are an important tool to decrease malaria morbidity and mortality. The current insecticide available for retreatment of nets has a very short effective life, which creates the need for regular retreatment. Achieving regular retreatment has been a very difficult issue to address globally, and Mozambique is no exception. We are in a process of getting long-acting insecticide, and at this moment we are searching for reputable suppliers. We also are looking at acquiring permanent nets but their cost is at this moment prohibitively expensive for us at current prices.

Another major concern related to bednets at the moment is that economic hardship may be a barrier for their use by the most disadvantaged groups. HAI's own KPC survey results strengthen this view (see Lancet letter, section J, below). Vouchers are a potential strategy used to cushion some part of the cost of bednets, and will be tested in this project. However, the current supply and retreatment difficulties have caused us to rethink the introduction of voucher system at this time, and we have decided to postpone the bednets voucher system for

pregnant women until later in the program. In the meanwhile we will study the issue more closely and work with the MOH to identify the most effective but sustainable approach.

Resistance studies were planned both in Manica and Sofala. Data collection at Sofala province was stopped because of lack of eligible subjects (which resulted from heavy spraying for mosquitoes just prior to the study). Data collection from the Manica site was completed and preliminary results were presented at the provincial meeting.

## ❖ **Maternal and newborn care**

At baseline less than half of mothers delivering at home reported having an early (within 2 days) post-partum visit. Improving this rate will require increasing awareness among program women who deliver at home about the benefits of preventing and treating postnatal complications in the mother and infant. Both HAI and DPS are working together to locate or develop and produce educational materials that will help mothers to recognize the need for an immediate check after delivery and to recognize potential problems that are in need of immediate care. Also as syphilis screening is being rolled out to the health centers without lab facilities it is important to have motivational material available. HAI is actively working on acquiring suitable material and have made contacts with different sources in Mozambique. Another issue is printing costs, which are quite high, and HAI is actively exploring some cost sharing measures with other donors including WHO.

Community Leaders Councils (CLCs) have been instrumental in community mobilization and we intend to focus our energies to seek their help in increasing the number of mothers with feasible emergency transport plans, by developing plans to make transport available at the level of each community. Partner treatment is also an important step in syphilis screening and treatment; CLCs provide information and motivational messages to men in the community, as well as pregnant women, about the importance of screening and treating partners of women who test positive for syphilis. As soon as this initial phase of expansion of the rapid syphilis testing program is completed, staff will re-focus on the community awareness activities. We are also looking into increasing available human resources for this activity if demands from other activities remained high.

Meetings were initiated with National head of Maternal and Child Health to develop policies, norms, and a revised manual for prenatal care that include pMTCT, IPT, and syphilis screening. But after a few initial meetings she left for extended educational leave, so further progress was not possible.

## ❖ **Institutional/Human Resources Strengthening:**

Because of HAI's immensely increased activities in the area of HIV care and treatment, the planned training of trainers in participatory methods (which was to have been conducted by HAI's HIV Coordinator) has been postponed until the coming year.

## **C. Technical assistance**

As described above, HAI has taken advantage of a number of sources of local (regional and national) technical assistance for interventions that involve activities for which HAI staff were not adequately experienced.

#### PATH consultant in community mobilization:

Health Alliance International (HAI) has made considerable progress in developing communication strategies and community mobilization activities to encourage early seeking of antenatal care. As a result of these efforts, in some areas of Manica Province the number of those seeking antenatal care before 24 weeks gestation has improved. Nevertheless, the plan to introduce rapid syphilis testing into the health posts and centers in Manica and Sofala Provinces within this year made this a critical time to improve community mobilization further. Early antenatal care is crucial to ensure maximum outcomes from the planned expansion of syphilis testing and treatment. Toward this end, PATH, in collaboration with HAI, contracted a consultant (Barbara Cook) to (a) review community mobilization efforts to date and any data on why women do not start antenatal visits earlier in pregnancy; (b) travel to Mozambique from February 24 through March 3, 2003 to clarify and add to information reviewed above by interviewing HAI staff, pregnant women, opinion leaders, and local experts; (c) make recommendations for modification of current community mobilization and/or suggest additional activities; and (d) develop, with HAI Mozambique staff, a plan to evaluate community mobilization changes and additions. Barbara Cook visited Mozambique in late Feb and submitted her report in March.

#### MTCT-Plus Training Team:

In July 2003, a MTCT-Plus training was arranged in Beira. Topics included ARV management (indications for starting drugs, switching drugs, monitoring for toxicity), OI management, patient education and counseling, HIV in pregnancy, and nutrition. Sessions included didactic teaching, small groups, case studies, and shadowing. The trainers included: Jon Cohn, Teresa Nishimoto, Kery Selvester, Rolanda Manuel (MISAU), Marc Biot (MSF Luxemburg), Alice Rousseaux (MSF Luxemburg), Jeanne Raisler, Andy Epstien, and Bill Bower. There were eighteen participants and included doctors, nurses, social workers, activists and others involved in the project.

#### Syphilis Rapid Test:

Pablo J. Montoya, MD, an MPH student at the University of Washington, and his wife Anna Blanco (a lab technician) are in residence to conduct a study of the syphilis rapid test and support the expansion of the rapid syphilis testing to health facilities, including training activities for health staff.

#### Cost analysis technical assistance from PATH:

A PATH consultant and a PhD student from the University of Washington visited Mozambique as part of a cost analysis study of the rapid syphilis test. These findings will assist the Mozambique MOH (as well as other governments) to determine the value of using the rapid test under specific conditions.

### **D. Substantive changes in cooperative agreement**

There have been no substantive changes to the project that would necessitate changes in the project's cooperative agreement with USAID.

## **E. Response to DIP review comments**

DIP was approved without any request for alterations.

**F:** Not applicable

## **G. Management system**

### Financial management

As several child survival activities are funded by matching grants from other sources, this creates accounting complexities for accounting and program staff. A system of codes is being developed which will make our accounting system easy to understand and transparent. Our regular federal audit as always has given us a clean certificate.

### Human resources

As previous evaluations of the organization have suggested, we hired a new Child Survival Manager (Rana Jawad Asghar MD) who has managed the program since February 2003. That has allowed Country Director to focus more on organizational issues and has provided for a full-time manager of day to day activities in Beira. A program assistant for malaria activities and an administrative assistant at Beira office has recently been hired.

### Communication system and team development

Team building has always been the hallmark of HAI's program style. Our structure is non hierarchical and employees are encouraged to talk openly among themselves and their supervisors. Steve Gloyd (Director) and Mary Anne Mercer (Deputy Director) also visited Mozambique multiple times in this year and met with individual employees. Bimonthly meetings of key staff from both field offices have also allowed for cross-provincial sharing of information and experiences.

The HAI head office underwent an Institutional Strengths Assessment in September 2003, with input from the field offices. Results will be used to inform an HAI strategic planning retreat to be held in January 2004 with HQ staff and the HAI board of directors.

### Local partner relationships

HAI works with two main community groups, the cultural activists program (PAC, a street theater group), and Kubatsirana, a home care support group. PAC, although originally formed by HAI support, is now an independent group. HAI continues to support PAC by providing technical advice on their presentations, by supporting their efforts to expand their base of support, and by procuring their services for relevant community education/ motivational campaigns. Kubatsirana is scheduled to go through an assessment exercise soon.

Organizational strengthening of these local groups includes 1) assessing their organizational strengths and needs for strengthening; 2) drawing up a plan to address the needs identified; 3) implementing the plan; and 4) evaluating the effectiveness of the assistance provided. The IMAP assessment tool has been acquired and is being modified according to local needs.

### PVO coordination/collaboration in country

HAI works very closely with the provincial and district health directorates. We aim to strengthen the capacity of the MOH health system by improving techniques and training personnel and not by inventing new systems. This approach encourages the MOH to "own" the interventions and improves chances of their sustainability. Communication is fostered at all levels of this project. At the local level, quarterly reports, in both Portuguese and English are written and distributed to organizational stakeholders, including district and provincial health departments, the WHO, and partner NGOs. HAI holds quarterly report/planning meetings with the provincial health departments where progress towards meeting objectives are presented to partners and planned activities are discussed. The reports of these meetings are also shared with relevant stakeholders.

We are in contact with other NGOs in the country and in the program area and coordinate activities and programs when possible. Most recently Food for the Hungry approached us for collaboration with their child health and nutrition activities in Beira.

HAI recognizes that its strength as an NGO is its long history of collaboration with the formal health system and other existing health agencies, which ultimately is the best way to sustain these activities in the long term. VCT and home-based care (HBC) are examples of ways in which we are working with many partners. During the start up of these activities, WHO and the MOH played an active role in establishing the selection criteria for HAI, the implementing agency. WHO and the MOH provided ongoing supervision and technical assistance to HAI. Through frequent visits, challenges were overcome and effective program strategies were shared nationally. To effectively reach the community level with an appropriate HBC program, the community group Kubatsirana was contracted as a partner. Bringing together the strong health system links of HAI with the proven community-based connections of Kubatsirana provided the balance necessary to create a new network of HBC volunteers, Kuphedeza. Separately each of these entities would be able to accomplish little at the district level. However, together, each group is able to build upon the strength of the next, facilitating integrated, rapid, and high quality HIV/AIDS service provision. In resource poor settings, such as central Mozambique, it is as crucial to recognize the added value of partnership. From the MOH and WHO, to smaller NGOs such as HAI, Kubatsirana and now Kuphedeza, our goals are the same—increased access to better quality services. These services must be integrated and referral patterns must be clear. Clear communication between stakeholders is a first step towards integrating sustainable HIV/AIDS services

#### Other relevant management systems

The HAI HQ underwent an Institutional Strengthening Assessment in September 2003, with input from the field offices. As a result of that exercise, HQ staff and its board of directors will come together in a strategic planning exercise in January 2004. Because of recent rapid expansion in the number and complexity of HAI's grants in Mozambique, challenges to both fiscal and program management are great. Determining priorities for the coming few years and approaches to maximizing the strengths of the organization during the expansion phase will be among the topics addressed at the strategic planning retreat.

HAI's annual federally-mandated fiscal audit was held in May 2003 with no findings or questioned costs.

## **H. Annual Plan for the next year:**

## **HIV/AIDS:**

### Families/communities:

Social mobilization activities for increased uptake of VCT and pMTCT services will be continued. We will be interacting with Positive Women's Group members in the design and field-testing of radio messages. Refresher training for health workers involved in the pMTCT and VCT programs will be arranged. Ongoing PAC presentations with HIV themes will help communities to understand messages about HIV. Social mobilization to decrease stigma associated with HIV/AIDS will be similarly continued, as will radio campaigns. Training and refresher training of health workers on new HIV/AIDS specific services will be arranged. Outreach training and follow-up to religious leaders will be made. Expansion of pMTCT & VCT services in the project area will carry on. We will be working to get more effective health education materials.

### Organizations:

We will be increasing health worker capacity to diagnose and manage STIs and other OIs at the district and provincial levels. Once new protocols have been finalized we will be doing training of health workers in the new STI protocols and in OI management and universal precautions.

We will be providing capacity building support to three local religiously affiliated groups to provide quality HBC activities. That will be done by supporting training of HBC volunteers, increasing participation of health personnel in training and participation in ongoing monitoring of HBC volunteer activities.

Complementary prevention efforts are a fundamental aspect of HAI's HIV/AIDS mitigation program. This Unicef-sponsored program, in cooperation with the DPS's of Sofala and Manica, has sponsored the development of 10 Youth Friendly Health Centers (YFHC), all based along the highly traveled corridors (Beira and Tete). Each of these YFHCs are staffed by 10-20 youth peer educators who carry out trainings and activities both within the center and beyond, educating their peers in HIV/AIDS prevention as well as other areas relevant to adolescent health. This program, established in 1998, will officially pass over to DPS management in September 2003. HAI will be providing technical assistance on as needed basis.

To expand comprehensive HIV/AIDS care services in the project area (including improved AIDS care, management of opportunistic infections, management of HBC), we will be working to introduce Day Hospital Services, with HAART treatment capacity, in 4 hospitals in Manica and Sofala. Training of district health workers in OI management will continue.

### Institutions:

To build comprehensive support services for HIV+ youth in the project, HAI will continue to work with five select YFHCs as it introduces Youth VCT sites along the Beira Corridor, with support from the REACH grant. This grant also includes the development of youth PLWHA groups, youth mini-PAC (street theater), and the joint development of HIV+ youth referral guidelines for health workers.

## **Malaria:**

### Families/communities:

To increase malaria understanding among pregnant women we will design, field-test and launch a social mobilization campaign about malaria transmission, prevention, recognition

and care seeking (a process that has already begun). Activities include developing campaign messages, training CLCs and religious leaders in messages, following-up CLCs and religious leaders, disseminating messages, airing radio announcements on new messages, street theater presentations, incorporating new messages, evaluating the effectiveness of campaign efforts, and plan future activities.

We will revisit the possibility of implementing a voucher system for bednets distribution next year. Other aspects of social mobilization for increased and improved utilization of bednets (including the basics on malaria prevention, the role of bednets, procurement details, and proper utilization, with a focus on retreatment) will be going on as planned. We will continue to evaluate, adapt and field-test existing bednets messages, incorporate new messages into existing mobilization strategy and train commercial vendors, CLCs, and religious leaders in new messages. Follow-up of CLCs and religious leaders in disseminating messages has proved somewhat challenging but added efforts will be made next year. Radio announcements and street theater incorporating new messages will be active. We plan to promote and carry out free “dip your net” days in bednets sales sites to increase coverage with insecticide retreatment.

To assure the availability of insecticide treated bednets in both provinces, we have increased the distribution sites to 27. Malaria activities over the next year include supervising bednets sales monthly and re-supply of key materials (bednets, insecticides) monthly to all sites.

#### Institutions:

An assessment of the bednets initiative will be carried out in year 2 of the program to determine the effectiveness of the approaches being used. This assessment will focus on sales and re-impregnation figures; qualitative information from CLC vendors regarding potential sustainability of this income generation initiative; bednets coverage in pregnant women and children under five; and measures of social inequity and bednets ownership. A report will be provided on the bednets experience and provided to MOH policymakers, donors, and other PVOs/NGOs active in malaria control.

At this moment we are waiting for MOH approval of the IPT protocol while all preparations are on the mark to launch the study once we get the approval. Over the next year we will be doing social mobilization on the basics of IPT and will supervise field implementation. After a year we will be able to analyze collected data on the feasibility of broader roll-out of IPT and will disseminate those results to the MOH and other key stakeholders. We will also be providing training and support of health facility staff on implementation of new drug regimens for malaria.

## **Maternal and Newborn Care:**

#### Families/communities:

To improve appropriate birth practices among pregnant women we will develop and acquire educational materials for early prenatal care, postnatal and early postpartum visits, and birth plans. Work on quarterly report system for data on the postpartum check after home deliveries will go on. We will be developing strategies and mechanisms for working with the African Independent Church leaders in Manica and Sofala to incorporate key MNC messages into their work with women. Other activities will be training, refresher courses, and follow-up for CLCs and religious leaders on above topics, including the need for community transport plans.





Organizations:

To increase health facilities' implementation of syphilis testing and treatment in antenatal care, the new rapid test is already being used in health centers where people have been trained. This will be expanded over the next year until all facilities providing antenatal care will have the capability of syphilis testing. We will also be assessing logistical issues and supervisory needs for the expanded services.

To assure the availability of services for prevention of mother-to-child transmission of HIV in antenatal care we will increase the number of pMTCT centers. At this moment we have 5 pMTCT centers; by November 2003 this number will increase to 10. Training of health care workers from districts will carry on in the next year (approximately 75). We will continue to provide bednets for pregnant women who are HIV+ at the Day Hospital in Beira.

Institutions:

As discussed in an earlier section our efforts to create, with the national MOH, unified prenatal care norms that include pMTCT, IPT, and syphilis screening, have been hampered by the absence of the program head. We expect to make progress in achieving this objective during the next program year.

**I. Key successes** (to be submitted separately).

**J. Other relevant aspects**

HAI aims to both assist the MOH in developing improved systems for delivering quality health services, but also to disseminate the key lessons learned as widely as possible. HAI's malaria program manager conducted an analysis of the bednets ownership information from the project baseline survey to identify characteristics of families using bednets. The result was published in a letter to the journal Lancet in May 2002 (see Annex A).